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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/647,161
Filing Date	August 21, 2003
First Named Inventor	Alexander C. Chang
Art Unit	3762
Examiner Name	John D. Alexander
Attorney Docket Number	11393-003-999

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

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The reasons for this request are: Client has not responded to numerous telephone inquiries and letters regarding this case.

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1. ☐ The correspondence address is NOT affected by this withdrawal.

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<input checked="" type="checkbox"/> Firm or Individual Name	Alexander C. Chang, M.D.		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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